# ACCOUNTS PAYABLE INVOICE VOUCHER

# FY2009 DIRECT PAYMENT

COPY

## TO BE ATTACHED TO ALL INVOICES

| Today's Date | Vendor Number | Vendor Name |
|---|---|---|
| 4/8/2009 | 15433 | IASA |

**Invoice Description** 2008-2009 Membership Dues - Dr. Jennifer Bertino-Tarrant

| Invoice Date | Invoice Number | Invoice Due Date | G/L Acct. Number(s) | Total by G/L Acct. |
|---|---|---|---|---|
| 4/6/2009 | 700-269-09 | 5/6/2009 | 101-51700-3760 | $ 700.00 |
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| | | | GRAND TOTAL TO BE PAID: | $ 700.00 |

| Project/Grant #: (If more than one # indicate under G/L #) | Resolution Number (Please attach copy) |
|---|---|

Comments:

IASA
2648 Beechler Court
Springfield, IL 62703-7305

| Issue Separate Check | Call Dept. For Check |
|---|---|

- [x] Vendors Invoice
- Packing Slip
- Freight Bills
- Resolution/Contract Copy's
- other backup

Schools Ext., 5401

Department and Phone Number

Donna L. Hettman

Approved By

County Auditors Approval

Date

bl/excel/99

*If the proper paperwork is not attached, this payable document will be returned to the issuing department until the necessary changes are made. Revised 10-03-96*

# Active Membership Invoice


## Illinois Association of School Administrators

2648 Beechler Court • Springfield, IL 62703-7305 • 217/753-2213 • Fax 217/753-2240


IASA

Please type or print clearly:

Full Name Dr. Jennifer Bertino-Tarrant
Title Regional Superintendent
District Name & Number ROE #56
Street Address 702 W. Maple St
City State Zip New Lenox, IL 60404

Telephone 815-740-8360
Fax 815-740-4788
Email jbertino@willcountyillinois.com
IASA Region Three Rivers
County Will

## 2008-2009 Membership Dues and Contributions

IASA Active Dues for 2008-2009 - *.7% of 2008-2009 TRS creditable annual salary* $ 100,000 x .007 = $ 700.00

AASA Active Membership Dues for 2008-2009 - *$403 (Optional)* $ _____

School Administrators Foundation for Education (SAFE) - *$25 or more (Optional)* $ _____

*Please note that a personal check is preferred.*
*The SAFE Board of Trustees has recommended a $25.00 contribution per IASA member.*
*This is a voluntary contribution and is deductible as a charitable contribution.*

**Total Amount Due** $ 700.00

## Payment Method

_____ Check/purchase order enclosed, payable to "IASA"

Please charge my ▫ Visa ▫ MasterCard

Card# _____ Expires _____

Print Cardholder Name _____

Cardholder Signature _____

Billing Address of Cardholder, if different than above (no PO Box numbers please)

Street _____ City _____ Zip Code _____

## Additional Information

DISTRICT INFORMATION

District Type:

- ▫ Elementary
- ▫ High School
- ▫ Unit
- ☒ Other (please specify) ROE

Student Enrollment: _____

HOME ADDRESS AND TELEPHONE NUMBER

Home Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Home E-mail: _____

DEMOGRAPHIC INFORMATION

Gender:

- ▫ Male
- ☒ Female

Ethnicity:

- ☒ White
- ▫ Black
- ▫ Hispanic
- ▫ Asian/Pacific Islander
- ▫ Native American
- ▫ Multi-racial
- ▫ Other (please specify) _____

Return this original invoice along with payment to:
IASA
2648 Beechler Court
Springfield, IL 62703-7305

5/07/09 ILLINOIS ASSOCIATION OF SCHOOL ADMINISTRATORS

RETURN OF DUES HISTORY LISTING

RECORD : 6666
NAME : Jennifer Bertino-Tarrant
DISTRICT: ROE #56

The Return of Dues Program returns to the IASA Active, Full-Time Professor or Retired Member's designated beneficiary, a payment equal to the amount of dues paid for up to ten years of consecutive membership. In the eleventh year of Retired Membership, the Return of Dues Program lapses. The information below reflects the current amount available under the program. Please note your dues payment for the upcoming fiscal year will not be reflected in the total amount on this report until next year. If you have any questions about the Return of Dues Program, please contact the IASA office at 217/753-2213.

In the absence of beneficary election, the benefit will be paid directly to the member's estate. To designate or change your beneficiary, please send the information in writing to the IASA Office either by fax - 217/753-2240, e-mail-iasa@iasaedu.org, or mail - 2648 Beechler Court, Springfield, IL 62703-7305.

| CURRENT AMOUNT PAID | CURRENT DATE PAID | CURRENT SALARY |
|---|---|---|
| $ 700.00 | 5/06/2009 | $100,000.00 |

| YEAR | AMOUNT PAID | DATE PAID | SALARY |
|---|---|---|---|
| FY2009 | $ .00 | | $ .00 |
| FY2008 | $ .00 | | $ .00 |

* TOTAL AMOUNT OF CONTINUOUS DUES PAID $ .00 *

ACCOUNTS PAYABLE INVOICE VOUCHER

# FY-2006 DIRECT PAYMENT

TO BE ATTACHED TO ALL INVOICES

| Today's Date | Vendor Number | Vendor Name |
|---|---|---|
| 9/6/2006 | 1510 - Rmt. 4 | IARSS |

Invoice Description: Annual Dues and Fees - Will County ROE #56

| Invoice Date | Invoice Number | Invoice Due Date | G/L Acct. Number(s) | Total by G/L Acct. |
|---|---|---|---|---|
| 9/6/2006 | 700-116-06 | 9/30/2006 | 101-51700-3760 | $ 2,082.00 |
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| | | | GRAND TOTAL TO BE PAID: | $ 2,082.00 |

Project/Grant #:
(If more than one # indicate under G/L #)

Resolution Number
(Please attach copy)

Comments:

Issue Separate Check

Call Dept. For Check

Vendors Invoice
Packing Slip
Freight Bills
Resolution/Contract Copy's
Other Backup

Schools Ext. 3732

Department and Phone Number

Approved By

County Auditor Approval

Date

bl/excel/00

*If the proper paperwork is not attached, this payable document will be returned to the issuing department until the necessary changes are made. Revised 03-18-2002*

WILL COUNTY
SEP - 5 2006
R.O.E.

# ILLINOIS ASSOCIATION OF REGIONAL SUPERINTENDENT OF SCHOOLS

**TO:** Regional Superintendents

**FROM:** Alan Coleman, IARSS Treasurer

**RE:** **F.Y.07 (7/1/06-6/30/07) Dues and Fees**

Please use this form for remitting the various Dues and Fees due to IARSS. Make your checks payable to "IARSS" and return to:

**Alan Coleman, IARSS Treasurer**
**Fulton/Schuyler R.O.E. #22**
**P.O. Box 307**
**Lewistown, IL 61542**

## I. Annual Membership Dues

The Constitution of the IARSS states in III-A *that "Primary Members shall include all superintendents and assistant superintendents of statutorily constituted Regional Offices of Education (R.O.E.'s) in Illinois, upon payment of dues or upon receipt by the Treasurer of a Pledge that said dues will be paid during the fiscal year to which the dues payment is to be applied.* ***Only Primary Members shall be permitted to cast votes at any membership meeting or any committee meeting of the Association."***

The annual dues are 1% of the annual salary. Please find the correct levels and mark the appropriate amounts.

**If you cannot pay your dues at this time, please return the Pledge form** in order to be considered a Voting Primary Member.

**All members: 1% of annual salary (Please circle the appropriate amount)**

| SUPERINTENDENTS | | ASSISTANTS | |
|---|---|---|---|
| If your salary is- | Your dues are- | If your salary is- | Your dues are- |
| $79,849 | $798.00 | $71,864 | $719.00 |
| $84,737 | $847.00 | $76,263 | $763.00 |
| $88,540 | $885.00 | $79,687 | $797.00 |
| $90,712 | $907.00 | $81,641 | $816.00 |
| | | $68,034 | $680.00 |

*Please complete and return page 2 along with your check by* ***September 30, 2006****. If you need to wait until the new County Budget Year (December 1, 2006) then please sign and forward the "Pledge to Pay" found on page 2. – Thanks for your cooperation*

## II. Annual Office Fees – FY '07

### A. In-Service Fee

Assessment for this year is **$300** per ROE. This covers most meeting costs for the year.

*Registration Fees for the July Annual Conference and the August Conference are not included as these functions cover multiple days and include additional costs not typical for most meetings. A special registration form will be sent out prior to those meetings.*

### B. Association of Educational Service Agencies (AESA) – *go to* www.aesa.us *for benefits of membership.*

Many of the ROE's have participated in this organization in the past. If the IARSS serves as the flow-through group, member ROEs can participate at a reduced rate based upon enrollment. If you chose to participate, please enclose an amount based the list below:

| # of Students | Fee |
|---|---|
| 10,000 or less | $195 |
| 10,001 to 25,000 | $330 |
| 25,001 to 50,000 | $465 |
| 50,001 and above | $605 |

### C. Publication Reimbursement

Each year, the Association publishes a Directory, an Annual Report, and IARSS Brochures. A **$100** fee per ROE covers the cost of these Publications.

## Total Dues and Fees – FY '07

- **Membership** $ 1682.00
- **In-Service Fee** $ 300
- **AESA Membership** $ _____
- **Publications** $ 100

**Total Enclosed =** $ 2082.00

**Name:** RICHARD P. DURAN — Regional Superintendent

DAVID LEVEK — Assistant Regional Superintendent

**Region Name & #:** WILL COUNTY ROE #56

### PLEDGE TO PAY MEMBERSHIP DUES – FY 07

I/We_____(Regional Superintendent) and/or (Assistant Regional Superintendent) of _____(Region Name & #) pledge to pay the appropriate membership dues prior to the end of the Fiscal Year (June 30, 2007).

*Pledge Signature(s)* _____

ACCOUNTS PAYABLE INVOICE VOUCHER

# FY-2007 DIRECT PAYMENT

TO BE ATTACHED TO ALL INVOICES

| Today's Date | Vendor Number | Vendor Name | | |
|---|---|---|---|---|
| 9/11/2007 | 1510 - Rmt. 5 | IARSS | | |
| Invoice Description | Annual Dues and Fees - Regional Superintendent & Assistant Superintendent | | | |
| Invoice Date | Invoice Number | Invoice Due Date | G/L Acct. Number(s) | Total by G/L Acct. |
| 9/6/2007 | 700-111-07 | 10/6/07 | 101-51700-3760 | $ 2,260.00 |
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| | | | GRAND TOTAL TO BE PAID: | $ 2,260.00 |

| Project/Grant #: (If more than one # indicate under G/L #) | Resolution Number (Please attach copy) |
|---|---|
| Comments: | |
| Issue Separate Check | Call Dept. For Check |

- Vendors Invoice
- Packing Slip
- Freight Bills
- Resolution/Contract Copy's
- Other Backup

Schools Ext. 5401

Department and Phone Number

Edna R. Hettman

Approved By

County Auditor Approval

Date

bl/excel/00

*If the proper paperwork is not attached, this payable document will be returned to the issuing department until the necessary changes are made. Revised 03-18-2002*

# ILLINOIS ASSOCIATION OF REGIONAL SUPERINTENDENT OF SCHOOLS

**TO:** **Regional Superintendents**

**FROM:** **Louise Bassett, IARSS Treasurer**

**RE:** **F.Y.08 (7/1/07-6/30/08) Dues and Fees**

Please use this form for remitting the various Dues and Fees due to IARSS. Make your checks payable to "IARSS" and return to:

**Louise Bassett, IARSS Treasurer**
**Fulton/Schuyler R.O.E. #22**
**P.O. Box 307**
**Lewistown, IL 61542**

## I. Annual Membership Dues – Pay or Pledge

The Constitution of the IARSS states in III-A *that "Primary Members shall include all superintendents and assistant superintendents of statutorily constituted Regional Offices of Education (R.O.E.'s) in Illinois, upon payment of dues or upon receipt by the Treasurer of a Pledge that said dues will be paid during the fiscal year to which the dues payment is to be applied.* ***Only Primary Members shall be permitted to cast votes at any membership meeting or any committee meeting of the Association."***

The annual dues are 1% of the annual salary. Please find the correct levels and mark the appropriate amounts.

**<u>If you cannot pay your dues at this time, please return the Pledge form</u>** in order to be considered a Voting Primary Member.

**All members: 1% of annual salary (Please circle the appropriate amount)**

| SUPERINTENDENTS | | ASSISTANTS | |
|---|---|---|---|
| If your salary is- | Your dues are- | If your salary is- | Your dues are- |
| $88,309 | $883.00 | $79,478 | $795.00 |
| $93,715 | $937.00 | $84,342 | $843.00 |
| $97,920 | $979.00 | $88,129 | $881.00 |
| $100,322 | $1,003.00 | $90,289 | $903.00 |
| | | $75,242 | $752.00 |

***Please complete and return page 2*** *along with your check by* ***<u>September 30, 2007</u>****.* ***If you need to wait until the new County Budget Year (December 1, 2007) then please sign and forward the "Pledge to Pay"*** *found on page 2. – Thanks for your cooperation*

## II. Annual Office Fees – FY 08

### A. In-Service Fee

Assessment for this year is **$300** per ROE. This covers most meeting costs for the year.

*Registration Fees for the July Annual Conference and the August Conference are not included as these functions cover multiple days and include additional costs not typical for most meetings. A special registration form will be sent out prior to those meetings.*

### B. Association of Educational Service Agencies (AESA) – *go to* www.aesa.us *for benefits of membership.*

Many of the ROE's have participated in this organization in the past. If the IARSS serves as the flow-through group, member ROEs can participate at a reduced rate based upon enrollment. If you chose to participate, please enclose an amount based the list below:

| # of Students | Fee |
|---|---|
| 10,000 or less | $205 |
| 10,001 to 25,000 | $345 |
| 25,001 to 50,000 | $485 |
| 50,001 and above | $660 |

### C. Publication Reimbursement

Each year, the Association publishes a Directory, an Annual Report, and IARSS Brochures. A **$100** fee per ROE covers the cost of these Publications.

## Total Dues and Fees – FY 08

- **Membership** $ 1,860.
- **In-Service Fee** $ **300**
- **AESA Membership** $ _____
- **Publications** $ **100**

**Total Enclosed =** $ 2,260.

**Name:** Dr. Jennifer Bertino-Tarrant — Regional Superintendent

Mr. Shawn Walsh — Assistant Regional Superintendent

**Region Name & #:** Will County ROE #56

### PLEDGE TO PAY MEMBERSHIP DUES – FY 08

I/We _____ (Regional Superintendent) and/or (Assistant Regional Superintendent) of _____ (Region Name & #) pledge to pay the appropriate membership dues prior to the end of the Fiscal Year (June 30, 2008).

***Pledge Signature(s)*** _____

ACCOUNTS PAYABLE INVOICE VOUCHER

# FY-2008 DIRECT PAYMENT

TO BE ATTACHED TO ALL INVOICES

| Today's Date | Vendor Number | Vendor Name | | |
|---|---|---|---|---|
| 8/14/2008 | 1510-Rmt. 5 | IARSS | | |
| Invoice Description | Annual Dues and Fees - Regional Superintendent & Assistant Superintendent | | | |
| Invoice Date | Invoice Number | Invoice Due Date | G/L Acct. Number(s) | Total by G/L Acct. |
| 8/11/2008 | 700-139-08 | 9/11/2008 | 101-51700-3760 | $ 2,315.00 |
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| | | | GRAND TOTAL TO BE PAID: | $ 2,315.00 |

| Project/Grant #: (if more than one # indicate under G/L #) | Resolution Number (Please attach copy) |
|---|---|

Comments:

Louise Bassett, IARSS Treasurer
Fulton/Schuyler ROE #22
P.O. Box 307
Lewistown, IL 61542

| Issue Separate Check | Call Dept. For Check |
|---|---|

- Vendors Invoice
- Packing Slip
- Freight Bills
- Resolution/Contract Copy's
- Other Backup

Schools Ext. 5401

Department and Phone Number

Approved By

County Auditor Approval

Date

bl/excel/00

*If the proper paperwork is not attached, this payable document will be returned to the issuing department until the necessary changes are made. Revised 03-18-2002*

# ILLINOIS ASSOCIATION OF REGIONAL SUPERINTENDENT OF SCHOOLS

WILL COUNTY
AUG 1 1 2008
R.O.E.

**TO:** Regional Superintendents
**FROM:** Louise Bassett, IARSS Treasurer
**RE:** **F.Y.09 (7/1/08-6/30/09) Dues and Fees**

**Explanation of IARSS Invoicing:** Please use Page 2 for *remitting and/or pledging* dues and fees for IARSS. Keep copies for your records.

## Part I – Annual Membership Dues

The Constitution of the IARSS states in III-A *that "Primary Members shall include all superintendents and assistant superintendents of statutorily constituted Regional Offices of Education (ROEs) in Illinois, upon payment of dues or upon receipt by the Treasurer of a Pledge that said dues will be paid during the fiscal year to which the dues payment is to be applied.* ***Only Primary Members shall be permitted to cast votes at any membership meeting or any committee meeting of the Association."***

**Dues for all members:** 1% of annual salary (refer to the charts below for correct payment)

| Salary Category | Reg Supt Salary | Dues | | Asst Reg Supt Salary | Dues |
|---|---|---|---|---|---|
| 1 | $90,870 | $909 | | $81,783 | $818 |
| 2 | $96,433 | $964 | | $86,789 | $868 |
| 3 | $100,762 | $1,008 | | $90,686 | $907 |
| 4 | $103,232 | $1,032 | | $92,909 | $929 |
| | | | | $77,424 | $774 |

| Salary Category | ROE |
|---|---|
| 1 | 22, 27 |
| 2 | 01, 02, 03, 08, 10, 12, 13, 16, 20, 24, 25, 26, 30, 33, 34, 38, 40, 43 45, 46, 47, 54, 55 |
| 3 | 04, 09, 11, 17, 19, 21, 28, 31, 32, 35, 39, 41, 44, 48, 49, 50, 51, 53, 56 |
| 4 | 14 |

## Part II – Annual Office Fees

**A. In-Service Fee**

This covers most meeting costs for the year. Assessment for this year is **$300** per ROE. Please note: *Registration Fees for the July Annual Conference are not included as this functions cover multiple days and include additional costs not typical for most meetings. A special registration form will be sent out prior to this meeting.*

**B. Publication Reimbursement**

The Association publishes an annual Directory, an Annual Report, and IARSS Brochures. A **$100** fee per ROE covers the cost of these Publications.

# ILLINOIS ASSOCIATION OF REGIONAL SUPERINTENDENT OF SCHOOLS

**Please return this form by September 30, 2008**

**Intent to pay and/or pledge Dues and Fees for FY 09**

**Region Name & Number:**
Will County ROE 56

**Name(s):**
Regional Superintendent: Jennifer Bertino-Tarrant, Ed.D.
Assistant Regional Superintendent(s): Shawn Walsh

*You may pay all now, pledge all now, or do a combination of pay and pledge, especially if you need to wait until the new County Budget Year (December 1, 2008). The Total Amount Paid/Pledged is due by June 30, 2009. Refer to the previous page for correct dues amount.*

| | Paid | Pledged | Total Paid/ Pledged |
|---|---|---|---|
| **Dues (1% of Salary)** | | | |
| *Reg Supt* | 1008.00 | | |
| *Asst Reg Supt(s)* | 907.00 | | |
| **Inservice ($300)** | 300.00 | | |
| **Publications ($100)** | 100.00 | | |
| ***TOTAL*** | $2315.00 | | |

*Signature of Regional Superintendent*

When remitting, make checks payable to "IARSS" and return form/payment to:

Louise Bassett, IARSS Treasurer
Fulton/Schuyler R.O.E. #22
P.O. Box 307
Lewistown, IL 61542

# ACCOUNTS PAYABLE INVOICE VOUCHER

# FY2009 DIRECT PAYMENT

## TO BE ATTACHED TO ALL INVOICES

| Today's Date | Vendor Number | Vendor Name |
|---|---|---|
| 8/27/2009 | 1510-Rmt. 5 | IARSS |

**Invoice Description** Annual Dues & Fees - Regional Superintendent & Assistant Superintendent

| Invoice Date | Invoice Number | Invoice Due Date | G/L Acct. Number(s) | Total by G/L Acct. |
|---|---|---|---|---|
| 8/24/2009 | 700-129-09 | 9/24/2009 | 101-51700-3760 | $ 2,315.00 |
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| | | | GRAND TOTAL TO BE PAID: | $ 2,315.00 |

| Project/Grant #: (If more than one # indicate under G/L #) | Resolution Number (Please attach copy) |
|---|---|

Comments:

Louise Bassett, IARSS Treasurer
Fulton/Schuyler R.O.E. #22
P.O. Box 307
Lewistown, IL 61542

| Issue Separate Check | Call Dept. For Check |
|---|---|

- [ ] Vendors Invoice
- Packing Slip
- Freight Bills
- Resolution/Contract Copy's
- other backup

Schools, Ext. 5401
Department and Phone Number

Donna R. Hettman
Approved By

County Auditors Approval

Date

bl/excel/99

*If the proper paperwork is not attached, this payable document will be returned to the issuing department until the necessary changes are made. Revised 10-03-96*

# ILLINOIS ASSOCIATION OF REGIONAL SUPERINTENDENT OF SCHOOLS

WILL COUNTY
AUG 1 4 2009
R.O.E.

**TO:** Regional Superintendents
**FROM:** Louise Bassett, IARSS Treasurer
**RE:** **F.Y.2010 (7/1/09-6/30/10) Dues and Fees**

**Explanation of IARSS Invoicing:** Please use Page 2 for *remitting and/or pledging* dues and fees for IARSS. Keep copies for your records.

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| 4 | $103,232 | $1,032 | | $92,909 | $929 |
| | | | | $77,424 | $774 |

$1008.
907.
300.
100.
$2315.

| Salary Category | ROE |
|---|---|
| 1 | 22, 27 |
| 2 | 01, 02, 03, 08, 10, 12, 13, 16, 20, 24, 25, 26, 28, 30, 33, 38, 40, 43 45, 46, 47, 54, 55 |
| 3 | 04, 09, 11, 17, 19, 21, 31, 32, 34, 35, 39, 41, 44, 48, 49, 50, 51, 53, 56 |
| 4 | 14 |

## Part II – Annual Office Fees

**A. In-Service Fee**
This covers most meeting costs for the year. Assessment for this year is **$300** per ROE. Please note: *Registration Fees for the July Annual Conference are not included as this functions cover multiple days and include additional costs not typical for most meetings. A special registration form will be sent out prior to this meeting.*

**B. Publication Reimbursement**
The Association publishes an annual Directory, an Annual Report, and IARSS Brochures. A **$100** fee per ROE covers the cost of these Publications.